MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02419 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02466 FOR STATE HEALTH DEP 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATEMORYLANd Carolany o. COUNTY and 3 to Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Marydel, Maryland life lond 2 with the State Depart e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form Rural Delivery Marydel, Maryland 00 NO Z YES be executed within 24 hours after death. NAME OF 4 DATE First Sarui ca Last Manth Day Year DECEASED Deleres DED. 21. DEATH (Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Hours female Hegre Jan 8,1954 hours ofter death. WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country)
Ridgely, Maryland 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done do to the street of the street) 10b. KIND OF BUSINESS OR COUNTER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary M. Johnson (do coa sed) John Henry Beck, Sr. 17. INFORMANT in ony event within 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. burial-tronsit permit. (Yes no or unknown) (If yes give wor or dates of service) Family Marydel, Maryland None 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (0) Aphyria die to inblacd This certificate shauld DUF TO 1 hour Third Degree Burns on entire Body Canditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause ond be used as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ar removol, NO D please execute the certificate, 20a. FXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARTO or CONTRIBUTING asleemin home that caught on fire CAUSE OF DEATH cremotion, 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month Doubles 20d. INJURY OCCURRED 20f. (City or town) (County) Extractory, street office bldg., etc.) Marydel C roline Maryla Nat While at wark of work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection x Inquiry 50, and in my opinion for may be retained for FUNERAL DIRECTOR: deoth resulted from: Accident K Suicide . Hamicide | Undetermined manner Natural causes CHIEF MEDICAL EXAMINER Heolth prior to ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER PLUMER, Prester, Md. **EXAMINER'S** Address (Street, city, town, or county) Preston arolim NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 50 REMOVAL (Specify) CAROLINE FEB. 24, 1968 Mt. Zion Moth Church Com Marydel. 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) 6M 1/67 Charles W.Hill, Deuten, Md.

£1480 Washington and the same of the BELLINING WILLIAM William Same Addition , large and Energy and an artist and are also and are also and are also are also and are also ar ergod allow Managed Charles (The second of the Case of th - Clar . The state of the The state of the course of the father than the state of t

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FOR STATE

rector. Page your files. and of Hyolth, Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is execute the cert is, withing the word "pending" in pencil is item 18. Give Pages 1, 2, and 3 to the fune 4 should be far ed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

02423

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

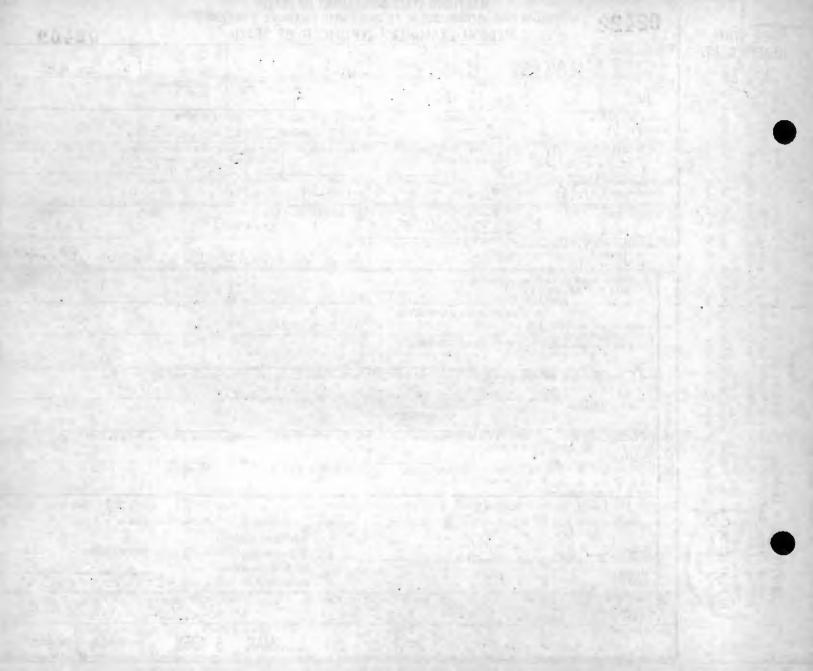
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02408 Reg. Dist. No.

	PLACE OF DEATH a. COUNTY	Caroline			MARYI	LAND	2. USUAL R	ter in	Where dece		If institu		-	ine	
it	Ord give negres! Iown		RURAL		TH OF STAY I				If outside co	rporate lim	its, write	RURAL one	d give n	ecrest to	wn)
-	Presto				11 11:			same							
	d. NAME OF HOSPIT.	AL OR INSTITUTION (I	n St		street address	5)	d. STREET	ADDRESS	ame					ON	A FARM?
3.	NAME OF	Fire			Middle		1	ost	4. DATE	P	March		0	-	-
	OECEASED (Type or print)	Marjorie	Tod		hambe				OF DEATH		Month	1	Day 7		968
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D X NE	VER MARRIED	8.	DATE OF BIR	TH		9. AGE	In years	IF UNDER	TYEAR	IF UND	ER 24 HRS
	fem.	white	WIDOWED		DIVORCED [arr.	27,	1899	6	By yrs.	Months	Days	Hours	Min.
00	USUAL OCCUPATION	ON (Give kind of work of g life, even if retired)	one 10b. K	ND OF B	USINESS OR I	NDUSTR	Y 11. BIRTH	PLACE (Slote	e or foreign	country)		12. CITI	ZEN O	WHAT	COUNTR
	housew						C	arol	ine C	o. M	d.	I	J.S.	A	
13.	FATHER'S NAME						14. MOTHER								
	Thom						Ann	ie E	lizab	eth	Wrig	ght			
	WAS DECEASED EV	ER IN U. S. ARMED FOI	CES7 16. S	SOCIAL SE	CURITY NO.	17. IN	FORMANT				Address				
	no	215-38-02	14	and the same of th		Mr	s. Ge	orge	Lake		Sea:	ford.	De	91.	
		TH Enter only one cou	e per line f	or (o). (b)	ond (c).]					-			INTER	VAL BETWE	EEN
	PART I. DEAT	H WAS CAUSED BY:	Sul	file	-coX	42	ma di	0~0	In a	P	201	1	ONSE	I AND DO	ETPI
	8874	DUE TO								,	-1	(1			
	Conditions, if a		Ve	Down 1	~ 6	7	lorid	808	120 4	un					
	gove rise to immed				17	1		1	V 671						
	(a), stating the sease last.	(c)			4										
CATION	9040	ER SIGNIFICANT CONC	OITIONS CO	NTRIBUTIN	G TO DEATH	BUT NO	OT RELATED T	O THE TERM	INAL DISEA	SE CONDIT	ION GIV	EN IN PAR			AUTOPSY PRMED?
CERTIFI	200. EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	ISE WAS 201	DESCRIBE	HOW IN	HURY OCCUR	1)	ler noture of	injury in Po	rt I or Part I	ll of item 1	£.)	***************************************			
MEDICAL	20c. TIME OF INJUI	2/5-2/7 196	While		CURRED 20 t while work	foctor	E OF INJURY y, street, offi	(Home, for ce bldg., ato	20f. (Cil	r3	in	Con	rol2	me	(State)
	21. Nertify th	of I took charge	of the re	emoins	described	abov	e, held o	n Autops	sy A.	Inspectio	on [].	Inquir	у П	on	d in my
	opinion death	resulted from: N	laturol c	auses []. Accid	ent X	J. Suici	de 🔲,	Homicide	e [].	Indete	rmined n	nanne	r	
	ACTUAL SIGNATURE	Ik W.	Ki	رععا	lex	4	M.D. CHIEF	MEDICAL E	XAMINER [DATE S	IGNED
	EXAMINER'S NAME (Type)	etu.	Rie	ck	erd				EXAMINER	0			5	-7-	68
220	BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREO	F	ZZc. NAM	E OF CEMETER	RY OR C	REMATORY		22d. LOC/	ATION (City	, town, o	or county)		(State	e)
	burial	2/10/68	3		. Ord	er	Cem.			esto	n, l	Md.			
23.	FUNERAL DIRECTOR	SSIGNATURE	_ 4	ADD			- 1	24a. REC	D BY REGIS	STRAR 2	b. REGIS	TRAR'S SIG	1 1/4	_	
	Luaren Tot	Make Mills &	9 1	1 - 1	inda Dary	120	Dud	100 100	FG I A	1 24 page 14		Line . E	100 20	12000	P

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1	- 9	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
TE	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02409
		CEASED NAME First Middle Last 2a, DATE KNOWN Manth	Day Year 2b. HOUR
	(1	YOG OF Print) CHARLES HARVEY COLLESON OF ESTI- FRO	25 168 1
	3. SE	4. RACE 5. DATE OF BIRTH MAR 16 189 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Day	Year 19 A
	count	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED CIRROLEN E	
0		DENTON give street address) during most of working life, every (yelvined.)	12b. KIND OF BUSINESS OR INDUSTRY
05	13 a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER " mission) STATE NO 13b. COUNTY COLENIE DENTON YES NO 12	
1	14. F	THER'S NAME FIRST WESLEY COLLESON IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLESON	LEWIS
-	16a. V	VAS DECEASED EVER IN U.S. ARMED FORCES? 15. IN OUT IN KNOWN) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT MRS. C. HARVBY COLLISON	DENTON
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) Garabral Vascular Accident (Bemorrhams)	minutes
		OUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) "" I A D T T E U ST V C A D T T T T T T T T T T T T T T T T T T	
		rise to immediate cause (a), (b)	
		lost. LLL 2 X VASCULOR JISGASE	vrs
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
1		"enstic lirehois with asciter and dephlism vrs	
1	ATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	CERTIFICAT	WAS PERFORMED?	AE2 NO
	DICAL	21b. TIME OF INJURY Month, Day, Year PRIMARY OF CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	m 18.)
	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City ar Tawn	Caunty State
		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection [2], Inquiry [3]	, ond in my opinion
-		deoth resulted from: Notural causes S., Accident ., Suicide ., Homicide ., Undetermined manner [
l	1	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
1		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LIZED DATES	IGNED
7		EXAMINER'S NAME (Type) Prole 3. FlunderD. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) + reston	Carolina
-	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City.gr Tgwn)	(County) (State)
	10	CURSIN 15628, 1968 Deston 1 Jenton	CAR MY
8	24:-	Larley leave Danton 250. REGISTRAR 256. REGISTRAR'S S DATEMAR 5 1968 galaxy	IGNATURE CONTRACTOR



T.		02423	DIVISION OF VITAL RECORDS,	· · · · · · · · · · · · · · · · · · ·	LTIMORE, MARYLAND 21201	20110
parent.	A 180			ERTIFICATE OF DEATH		02410
death.		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH Month 9 Doy	2b. HOUR
redeath and		ETT8		Edwards		1968 5P M
II am	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
by the foods of		Female	White	Jan. 31,1		MONTHS SWITZ HOUSE
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 house often Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by time fur director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Bages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the stat	70. l	SIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
ed in			U.S.A.	WIDD WED DIVDRCED	Caroline	Md.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the contraction of		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a. U	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Ped him wi		ldsbero	1	lone gunna	most of working life even if retired.)	INDUSTRY None
cal	13e. admi	USUAL RESIDENCE (Where deceosed ssion) -STATE -	lived, if institution: Residence before			
y ev	_	iryland	13b. COUNTY Caroline	Goldsboro		
un	14.	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME		losi
0		William Trib	bitt	Millie (Clinnert	
	16o. Y	WAS DECEASED EVER IN U.S. ARMEI	or dates of service)	ID. 17. INFORMANT	Address	
		OM	221-10-8	766 Elsie Conr	or Greensboro.	Maryland APPROXIMATE INTERVAL
emc		18. CAUSE OF DEATH (Enter only	ane couse per line for (a), (b), and (c).		Cardiac Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
374	- 1	PART I. DEATH WAS CAUSED F	Ghron Chron	11c Congestive	Cardiac Failure	
ou,		4/47	DUE TO, OR AS A CONSEQUENCE OF	roscloerosis C		
a ti		Conditions, if any, which gove rise to immediate cause (a),	(b) Athe	roscloerosis C	.V.Disease	
ä		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
		last.	(c)			
		PART 2. DTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE D	RCDNDITIDN GIVEN IN PART 1(o)	
	*		thiasis, Chron			
1.7	CATIC	190. DATE DF DPERATION 19b. CD	NDITION FOR WHICH DPERATION WAS PER	FDRMED 200. AUTDPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
X	CERTIFICATION			YES ND [
		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. Month Doy Year	21c. HDW INJURY DCCURRED (En	nter nature of injury in Port 1 or Port 2, It	tem 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year P.M. 19		-10 11	
	×	21d. INJURY DCCURRED 21e. Pt	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LD CATION Street or R.F.D. I	No. City or Town	County State
		ot work ot work				
		22a. I certify that (I) (this	haspital) attended the decease	d from Jan. 10, 19	57, to Feb.9, 19 pinion death accurred an the dat	68 , that (I) (we) last
		saw the deceased aliv	(e on FED. 9	and that in (my) (aur) a	pinion death accurred on the dat	e and havr and from the
		22b. SIGNATURE	(i) (we) (aid) (aid tidi) view that	day arrer dearn.	I 22, D	ATE SIGNED
		(Clevere XA	The Am A.	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	eb.12 68
		22d. PHYSICIAN'S	veaufer Wi	324 ADDDESS	DIKECIDK - PHIS	
1		NAME (Type) Charle	s H.Stonesifer	,M.D. Gr	eensboro, Md.	
	230.	BURIAL, CREMATION, 23b. DA	TE 23c, NAME OF C	EMETERY DR CREMATORY	23d. LDCATIDN (City or Town)	(County) (Stote)
0			12-68 Green		Greensboro, 1	
0	24.	UNERAL DIRECTOR	ADDRESS	2So. RECD	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
(4B)	1	- Co. Dorella.	il Strooms or	a med DATEFE	BY REGISTRAR 1968 2Sb. REGISTRAR'S	and free on

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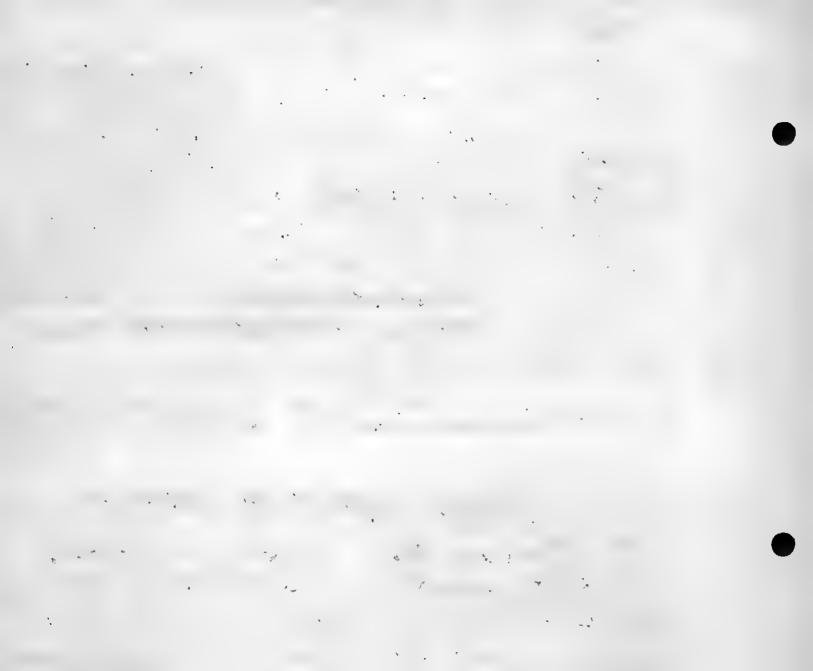
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02411
HEALTH DEPT.			Day Year 2b ∺OUR
gy is 3 to Poge	,	OUTO SIEVEN CIDITION DEATH MATER 2/3	100 19 P M
\$ 2 a	3 5	A RACE S DATE OF BIRTH 6 AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HPS 20 DATE PROHOUNCED DEAD 1951 Bigst birthdayl- MONIFHS DAYS HOURS MIN. MONIFHS DAYS HOURS MIN.	2d HOUR
2, and 3		N Jane 4, 1912 53 yrs 100 11	Yeor 168 11 M
E CLE		BIRTHPLACE (State or toroign 76 CITIZEN OF WHAT COUNTRY? B MARRIED TIMEVER MARRIED 9. COUNTR OF DEATH	
te te	coun	MIDOMED DIVOKED CAROLD NE	≧ Md.
	10 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working the eyen if retreat) 12a USUAL OCCUPATION (Kind of work done during most of working the eyen if retreat)	12b. KIND OF BUSINESS OR
	L	RIDGELY give street oddress) during mast of working mast of wo	INDUSTRY - RISC.
after 8. Gig along with	130	USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSDE CITY LIM 15? 13e. STREET AND NUMBER dmiss on) STATE MD 13b COUNTY RESIDENCE LEAD TO BE A MD A MD A	1 5
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thours after item 18. Gi Office alon Iond 2 with	14. E		REENIOST
24 in siris es urs			THE COPPELY
NER: This certificate should be executed within 24 hours after death certificate, writing the word "pending" in pencil in item 18. Giver Page hould be forwarded to the Chief Medical Examiner's Office along with iles. should be used as a burial-transit permit. File pages lond 2 with the Station, or removal, and in any event within 72 hours ofter death.	100	WAS DECEASED EVER IN C. S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 1 (Illy pre give for or preference)	,
d with pe Exar File in 72	+	18. CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
xecuted iding' ii Medical permit.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Provintia approximation approximatio	ainstac
Mec Mec nt v		DUE TO, OR AS A CONSEQUENCE OF	112031
ipe inef insit		Conditions, fony, which gove) Jun hot - triin young of shull	ainutes
ord ord l-tro		rise to immediate couse (a). Sloting the underlying couse (DUE TO, OR &S A CONSEQUENCE OF	
should be e ne word "pen to the Chief I burial-transit		bst. Pelf inflicted depression	?
(AMINER: This certificate should be executed with the certificate, writing the word "pending" in peres 4 should be forwarded to the Chief Medical Exampour files. age 3 should be used as a burial-transit permit. File cremation, or removal, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rifico iting ardec ardec ol, a	3		
cer orw orw mov	EAT	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
LER: This certicate, write certificate, write nould be forwardles. Should be used tion, or remova	CERTIFICATION	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Morth Day, Year 21c. HOW INJURY OCCURRED (Enter noture of njury in Port 1 or Port 2, Item	YES NO
ald the solution of the soluti	SEC	PRIMARY OR CONTRIBUTING HE HOUR AM / L/4	11 16.)
NER shoul files. 3 sho ation	MEDICAL	CADE OF DEATH	County State
XAMI tre thr your Your crem		WHILE NOT WHILE DAT WORK DAT W	ryara n
		22a certify that I taak charge of the remains described above, held an Autapsy Inspection Inspection	
TY SICAL Y, pleose exected director P. Preserved for the control of the control		death resulted from: Natural causes , Ascident , Suicide X Hamicide Undetermined manner	
pleose direct retoine DIRECT or to I		CHIEF MEDICAL EXAMINER	
ple ple ricir ricir		ACTUAL SIGNATUREMD ASSISTANT MED CAL EXAMINER 225. DATE S	IGNED
Sory sory mer be ERA		EXAMINED'S DEPUTY MEDICAL EXAMINER	5/50
TO DEPUTY SICA necessory, pleose ex the funeral director 5 may be retained for TO FUNERAL DIRECTO Health prior to bur		NAME (Type) "Brold B. Plummer M.D. ADDRESS(Street, city, town, or county) Pr stok	colin:
5 5 ± 2 5 ±	230	PLRIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d JOCATION (City or Town)	(County) (State)
).		SEMON SINGUL FEBIS, 1968 238 NAME OF CHARLEST ON CHEMICAL PLANT CONTROL CITY OF TOWNS	-, MID,
VR A15ME (5)	14	HARRIST V. MOORE DENTON, MD. DAFEB 26 1968 250 REGISTRARS S	A AMERICA
101/05/1/40	1(MATTERED A TOURN TO THE TOTAL OF THE TOTAL O	

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,APP	CERTIFICATE OF DEATH 12411
death.	1 DECEASED NAME First Middle Last 20. DATE OF DEATH (Type or print) GLady & C. Thric Fellowshary BG 1968 8 40 M
aggs to affer	3 SEX female 4. RACCINC asian S. DATE OF BIRTH OF 1901 6. AGE (In years I Funder 14 HRS. MONTHS DAYS HOURS MIN.
n 24-troet: illed in Sy papers. P	70 BIRTHPLACE (Stote or foreign country) 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED . 9. COUNTY OF DEATH
within 24 filled barban paper, within 7	10 CHY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working mast of
e executed within and campletely firemove carban in any event, with	130 USUAL REJIDENCE Livinere deceased lived, it resitation: Residence before 13 CITY OR TOWN 13d IMSIDE CITY LIMITS? 13e. STREET AND NUMBER Official STATE 13b CONDUCTOR CITY LIMITS? NO []
be exected and control of the contro	14. FATHER'S NAME FIRST Middle CULLEY IS MOTHER'S MAIDEN NAME FIRST MIDDLE SCHMIDT
ertificate be exi physician and in nen please remi taval, and in an	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, Munknown) (II yos give war or doins of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT CLENTON GUTTHRIE RODGELY MD.
requires that the death certificate be executed g physician. signed by the attending physician and cample: burial-transit permit. Then please remove car a burial, crematian, ar remaval, and in any event	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Bull carry of Tranction Figure 4 ech
at the de the atteinsit perm matian, c	Canditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove)
quires that t physician. signed by the surial, cremat	rise to immediate cause (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)
w requires Jing physica een signed the bural-t ir ta burial,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
e de la	196 DATE OF OPERATION 196. COMPITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDING'S CONSIDERED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OF HOUSE OF DEATH?
IAN: 1 al ar ficate far us Healt	210 ACCIDENT WAS UNDERLYING 21b. TIME OF NIJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 OR CONTRIBUTING CASE OF DEATH HOUR A.M. Month Day Year 19. 19 21d. MANUEL OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
PHYSICIA ne haspital this certifici etached fa e Dept. af H	21d. INJURY OCCURRED While Not while of work at work of work at work of work o
by the decidence of the	22a. I certify that (I) (this haspitethate ded the deceased fram / / / / 1966, to 1966, 1966, that (I) (we) las saw the deceased glive an 1966, and that in (my) (aur) apinian death accurred an the date and haur and from the
L OR ATTEN be retained DIRECTOR: ge 3 shauld	cayses stated abays (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE Lacture 22c DATE SIGNED.
may be RAL DIR	22d PHYSICIAN'S NAME (Type) KURT LEDERER 22e ADDRESS UEEN ANNE MD.
TO HOSPITAL OR ATTENT Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230 DURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) PENOVER STORY PENOVER STOR
VR A15 (4) 30M REV 1/68	24. FUNERAL DIRECTOR VIRGISTRAN SIGNATURE DATE MAR 5 1958 POLICIPAL UNITED DATE MAR 5 1968 POLICIPAL UNIT

MARYLAND STATE DEPARTMENT OF HEALTH



_	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	36
requires that the death certificate be executed within 24 haurs after death. a physician. I signed by the attending physician and completely filed in by the attending by the attending physician and completely filed in by the attending to burial, remation, or removal, and in any event, within 72 hours after a party.		ECEASED-NAME First VIRGIDIA FINKINE 20. DATE OF DEATH TYPE OF DEATH VIRGIDIA FINE S DATE OF BIRTH 6. AGE (In years I I Full A PACE)	26 HOUR
ors after Poges	70	BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	THIS DAYS HOURS M.I
24 haud in b pers.	can	MO USTA WIDOWED DIVORCED CAROLIN	JE
within	10	Denton give street address) during mast a working life, even if retired.)	26. KIND OF BUSINESS OR NDUSTRY
omprete		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR JOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER 13sian) STATES 13b. COUNTY COLT NE DENTO	
equires that the death certificate be executed within 24 haurs a physician. Signed by the attending physician and completely folded in by the buriol-transit permit. Then please remove carbon papers. Pagburial, cremation, or removal, and in any event, within 72 hours		FATHER'S NAME First Middle Last Is, MOTHER'S MAIDEN NAME First Middle WILLDAM H. HICKS FLORENCE	KEMP
rtificate ohysicio on pleo val, on	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (III yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT EDG BR PONKINE, DENTO	N, MD.
oth cer nding F iit. The		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal amhyllations	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Somme Death
the de he atte it perm ation, c		Ond trans, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	12-16-68
es thot ician. ed by t ol-trons al, crem		nse to immediate cause (a), storing the underlying cause lost. (c)	
requir ng phys n signe ne buric to buric	.,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ICIAN: The low re pital or ottending rtificate has been of for use as the of Health prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERATION.	
YSICIAN: 1 ospital or certificate thed for us	MEDICAL CE	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 19 19 19 19 19 19 19 1	
DING PHYSIC by the hospi ofter this certi be detached State Dept. of	W	While hat while of work at work at work of work at work of wor	aunty State
fer be start		220. I certify that (I) (this hospital) attended the deceased fram 4 Feb., 1968, to 19 Feb., 1968 sow the deceased alive an 19 Feb., 1968, and that in (my) (our) opinion death occurred an the date o causes stated abave, (I) (we) (did) (did not) view the body after death	
O HOSPITAL OR ATTENDE Poge 4 may be retoined o FUNERAL DIRECTOR: A director, page 3 should should be filed with the l		7/00	SIGNED 26-W
SPITAL 4 may IERAL 1 or, pag d be fil		22d. PHYSICIAN'S NAME (Type) Stephen P. Carney, IT.D. 22e. ADDRESS P.O. Box 929, Easton, N	Md. 21601
Poge Afrect	230	REMOTH (SPECIAL) FEB 24, 1968 1) ENTON CE	County) (State)
VR A1 (8)	24:	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	



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(I)		16.26.6) DIVISIO		CAL EXAM				-		.01		400	41.	3
F		EASED NAME be at Print)	Firs	st	Mid	dle		Last		20 DATE	KNOWN	Month	Day Y	ear 2	5 HOUR
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ľ			Harry S		•		13. 3.041	(b tillibei		zabeth		olk		2031	
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	T	18 CAUSE OF	DEATH (Enter o	n y one cause per		ond (c))					11.	07.	APPRO BETWEEN	X MATE INTO	ERVA. D DEATH
Г	ı	/ t _	EATH WAS CAUS	.ATE CAUSE (a)	0 , .		ECH T		'	401	A	Ç			
		Conditions, if a	ny, which gove	1 ##	e as a consequ Elembri								l .i	its	
П			ate cause (a), derlying couse	(D)	R AS A CONSEQU										
		ast	doing to day	(0)		1rt:	. 81.	ris	i				1	yr	
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Pari Of	CEXIIFICATION	190 DATE OF OPERATION .95. COND T ON FOR WHICH OPERATION								20 AL	20 AUTOPSY?				
OTICE		WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hem										5 🔲	NO 🔀		
	N.A.	PRIMARY OF DEATH	R CONTRIBUTING	HOUR A	.M.	19						Parl 2, He	m 18.)		
32	€ 2	2.d N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, at work at wor									County		State		
	Γ	220 1	certify that !	took chorge of	the remoins o	lescribed a b			, Ir	spection 🗜		uiry 🕝		in my	opinion
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l		SIGNATURE =	160200	000	- , , , , , , , ,		M.	<i>u</i> .	NT MED CAL EX MEDICAL EXAM		2	716	00		
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1	230.	BURIAL, CREMAT	(u)	D. DATE			ERY OR CREMA			LOCATION	(City or Towi	n)	(County)	(Stot	e)
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death	fmeral I and 2 er death			CEASED-NAME First (pe or print) Beu	lah S. T	Middle	LIKITIC	Lost		2-12		Year	2b. HOUR
			3. SE	Female	4. RACE Whit	е		5. DATE OF BIR	TH -1887	16	AGE (In years ost birthday) YRS.		F UNDER 24 HRS. HOURS MIN.
1	J in Vy		coun	IRTHPLACE (State or foreign http://maryland	76, CITIZEN OF WHAT U.	COUNTRY?	8. MARRIED 1 WIDOWED [NEVER MARR	CED [Caro.	line		Md.
vithin 2	sly filled bon pag within	30	G	reensboro	give stree	OF HOSPITAL OR INST	ne		12a. USUAL OC during most o	HOUSE	nd of work done even if retired.)	12b, KIND OF BUINDUSTRY	ISINESS OR
cuted v	omplete ove carl event,	5	30. odmis	usual RESIDENCE (Where deceor Waryland	10L COUNTY	Residence before aroline	Gree	nsbor	AEZ NO T	13e, STREET	None		
ex exe	and of e remodin any	1	14. F.	Tames Steve	Middle nson	Lost		. MOTHER'S MA	IDEN NAME First Minnie	Cook	Middle		Last
tificate	hysiciar in pleas val, and		16o. Ye	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16	o, social security no Unknown). 17. II	NFORMANT	Tothe		Address Green:		Md.
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after	physician. signed by the attending physician and completely filled in by the functional permit. Then please remove carbon papers. Pages I burial, cremation, or remayal, and in any event, within 72 hours after			18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI. Canditions, if ony, which gover rise to immediate couse (a), stating the underlying couse last.	D BY: ATE CAUSE (o) DUE TO, OR AS A	Acut		sive A	ve Card		ailure	APPROXIMAT BETWEEN ONSE	E AND DEATH
The law require	attending has been se as the th prior to	X	CERTIFICATION	190. DATE OF OPERATION 19b.	ral Respondition FOR WHICH	iratory	Infe	ction 200. AUTOF YES	PSY?	20b. IF YES CAUSES OF	, were findings co death?		TIFYING
PHYSICIAN	PHYSICIAN: The hospital or of this certificate betached for us. Betached for us.			While Not while	th HOUR A.M. A	JURY Manth Doy Year 19 HOME, FARM, STREET, FACTO IICE BUILDING, EYC.				ure of injury in	Port 1 or Port 2, I	County	Stote
PITAL OR ATTENDING	Page 4 may be retained by the hospital or attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to			22a. I certify that (I) (the saw the deceased of causes stated above 22b. Sydnature	is haspital attend live an Feb. e, (I) (we) (did) (did) whiles H.S	nat) view the b	ady after o	eath. ATTENDING PHYS. 22e. ADDS	G MED. DIRECT	TOR C S	220. [DATE SIGNED b.13 68	
O HOS	Page 4 Should	2	230.		DATE -14-68	23c. NAME OF C	ensbo			d. LOCATION (City or Town)	(County)	(State)
F	VR A15 (A) 30M REV. 1/8	11 11	24)	FUNERAL DIRECTOR E Doub 10	eil	ADDRESS		Md.			25b. PEGISTRAR'S		4

FOR STATE	Ito	m 2a Film G398	MEDICAL		STON STREET, B. S CERTIFICAT			IND 21201	01	2415	
HEALTH DEPT		CEASED-NAME First (ype or Print) Gar	ey Jame	Middle S Wrig	lost		2	OF ESTI- DEATH MATED	onth Doy	Yeor 19 68	2b. HOUR
delay is and 3 to M3. Page	3. 5	X 4. RACE	s. DATE OF BIRTH	6. AGE (In	YBOTS IF UNDER 1 YEA		CHRS. 2	DEATH MATEU CO. DATE PRONOUNCED DEA	AD	ear 19	2d. HOUR
deoth hy Pages 1, 2, with farm P	7o. (IRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT CO U.S.A.	UNTRY? 8. F HOSPITAL OR INSTIT	MARRIED NEVER WIDOWED 1 UTION (If not in hosp	DIVORCED 120. US	UAL OCCI	TY OF DEATH Caroline JPATION (Kind of work d working life, even if retire none	ed.) INDUST	IND OF BUSI	M. NESS OR
s after 18. Given olong with death.	00	USUAL RESIDENCE (Where deceose mission) STATE THER'S NAME First	13b. COUNTY	Residence before 13c	same	YES YES MAIDEN NAME		3e. STREET AND NUMBER none Middle	3	Lost	
hin 24 ncil in niner's pages haurs	16o. ¹	William Jame	es Wright		17. INFORMANT	rgaret	Α.	Kutcher ADDRESS		rost	
P = E		18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIA		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Wrighten C:		Bethlel	В	APPROXIMATE II ETWEEN ONSET A nute	AND DEATH
world world the Ch riol-trc		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	(b) Pro	gressive	Multip	le Dyk	toph	ny	12	2-14 y	r
icote mg the ded to as a sond	NO	PART 2. OTHER SIGNIFICANT CONDI				AL DISEASE OR CO	ONDITION	GIVEN IN PART 1(o)			
9 P E 1/	CERTIFICATION	190. DATE OF OPERATION		CONDITION FOR WHICH WAS PERFORMED?						O. AUTOPSY?	NO 🗆
	MEDICAL CE	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	P.M.	19			er noture	of injury in Port 1 or Poc			
	W	21d. INJURY OCCURRED 21e. P WHILE AT WORK AT WORK AT WORK	LACE OF INJURY (At hor ory, office building, etc.	ne, form, street,	21f. LOCATION Str	reet or R.F.D. No.		City or Town	Cour	.ty	Stote
EPUTY ICAL ssory, please exertineral director. Poy be retained for INERAL DIRECTOR.		220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apini death resulter from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner . ACTUAL SIGNATURE									
TO D nece	230.	BURIAL, CREMATION, 23b. REMOVAL (Specific) 2/	2I/68		etery or cremators			OCATION (City or Town) Choptank.	(Count	Y) (Sto	ote)
VR A15ME (5)	241	FUNERAL DIRECTOR	Tede	ADDRESS		2So. REC'D DATE FE	BY REGIS	TRAR 25b REGISTS		JRt Jacky	

MARYLAND STATE DEPARTMENT OF HEALTH

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